

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/02/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** inpatient L5-S1 mini 360 degree fusion with 2 day length of stay

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

The reviewer finds medical necessity does not exist for inpatient L5-S1 mini 360 degree fusion with 2 day length of stay.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 06/11/12

Emergency department records dated 08/19/10

Radiographic report chest dated 08/19/10

Radiographic report hip dated 08/19/10

Radiographic report lumbar spine dated 08/19/10

Radiographic report shoulder dated 08/19/10

MRI lumbar spine dated 09/21/10

Clinical records Dr. 08/24/10-01/11/11

Impairment rating 11/30/10

Clinic note Dr. dated 05/18/11-02/20/12

Radiographic report dated 05/18/11

Radiographic report lumbar spine dated 01/30/10

Clinic note Dr. dated 05/30/12

Presurgical consultation behavioral assessment dated 06/14/11

Utilization review determination dated 04/19/12

Utilization review determination dated 05/16/12

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained injuries as a result of a trip and fall on stepladder on xx/xx/xx. On 08/19/10 the claimant was seen at local emergency department with complaints of left shoulder pain, right flank pain and leg pain. Radiographs were performed which showed no significant pulmonary abnormalities. Radiographs of right hip and pelvis were normal. Radiographs of lumbar spine showed lumbar spondylosis without acute abnormalities. Radiographs of shoulder were unremarkable. The claimant was

subsequently referred for MRI of lumbar spine on 09/21/10. This study notes multilevel degenerative disc disease and desiccation with bulging disc changes and congenitally short pedicles. There is right-sided foraminal encroachment with bulging disc at L1-2. There is mild degenerative listhesis of L5 on S1 with disc bulging and prominent facet arthropathy with spurring creating narrowing bilaterally with foraminal encroachment. There is minimal left paracentral disc protrusion with left foraminal narrowing. The claimant continued to receive care from Dr. and was placed at clinical maximum medical improvement on 11/30/10 with diagnosis of lumbar strain with subsequent 5% whole person impairment rating.

The claimant saw Dr. on 05/18/11. The claimant has low back pain with radiation into lower extremities. His past medical history includes diabetes and hypertension. Current medications include Hydrocodone and Gabapentin. On physical examination he is 5'2" tall and weighs 210 lbs. He is able to walk on toes and heels without difficulty. He has normal gait. He has pain at L5-S1 level. He has pain with flexion / extension. He is opined to have low back pain secondary to spondylolisthesis. He subsequently was recommended to undergo surgical stabilization at L5-S1 level. Radiographs were performed on 01/30/12. These studies show degenerative disc disease involving lumbar spine. There is grade I spondylolisthesis of the L5 vertebral body, which is exacerbated in standing lateral flexion view and partially reduced in lateral extension view. The spondylolisthesis is reported to measure 1.3 cm. There are mild wedge compression fractures at T11, T12, and L1. The claimant was seen by Dr. on 02/16/12 who opines that the claimant is unstable at the L5-S1 level and meets criteria per Official Disability Guidelines for a fusion procedure. On 05/30/12 the claimant was seen by Dr. who recommended a lumbar epidural steroid injection. The record includes a pre-operative psychiatric evaluation dated 06/14/11. He is noted to have Beck depression inventory 2 scores and Beck anxiety inventory scores in the moderate range. The claimant was cleared for surgical intervention.

On 04/19/12 the initial request was non-certified. The reviewer notes that the claimant has persistent back pain. He indicates that a comprehensive physical examination with neurologic evaluation and special orthopedic tests was not provided by the requesting physician. There are no recent radiologist reports documenting presence of instability of the spine and there is no documentation establishing the exhaustion of conservative treatments.

The appeal request was reviewed on 05/16/12. The reviewer subsequently upholds the previous denial noting that the medical records demonstrate a spondylolisthesis at L5-S1, which is grade 1 based on imaging studies, although the provider indicates that this is unstable. Flexion extension views were not presented to demonstrate the instability or amount of instability at the L5-S1 level. He notes that the most recent clinical examination is dated 02/16/12 and fails to demonstrate functional deficits and subsequently finds that the request does not meet Official Disability Guidelines.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The request as submitted does not meet the Official Disability Guidelines. The submitted clinical records indicate that the claimant has a chronic history of low back pain as a result of a fall. The most recent MRI contained in the clinical record is dated 09/21/10 and it is not adequate for surgical planning. A radiographic report of the lumbar spine dated 01/30/12 suggests the presence of instability. However, this is not quantified. The claimant is noted to have a grade 1 spondylolisthesis, which is reported to be exacerbated in lateral flexion and reduced in lateral extension. However, no measurement is provided and therefore it is unclear if it meets the definition of true instability. The most recent clinic note provided by Dr. does not include detailed orthopedic physical examinations to correlate with the imaging studies to arrive at medical necessity. The claimant is reported to have been referred for transforaminal epidural steroid injection on 02/02/12 with improvement with a subsequent request for a second injection of which no data is provided. The pre-surgical behavioral assessment is dated 06/14/11 and is not current. The claimant is noted to have a BDI in the moderate to severe range and a BAI of mild. There is no indication in the interval period that the claimant has received any treatment for these psychiatric conditions and clearly an updated psychological evaluation would be required. The reviewer finds medical necessity

does not exist for inpatient L5-S1 mini 360 degree fusion with 2 day length of stay.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)